



CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	10/055,738
Filing Date	01/23/2002
First Named Inventor	DONALD L. BROWNELL
Art Unit	
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

Customer Number →
Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or Individual Name	DONALD L. BROWNELL			
Address	504 ABNEY ST.			
Address	OFFICE OF PETITIONS			
City	SAINT ALBANS	State	W.V.	ZIP 25177
Country	USA			
Telephone	(304) 727-8982	Fax		

RECEIVED

DEC 12 2002

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
 Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or Agent of record.
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Donald L. Brownell

Signature

12/2/2002

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.